

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/S					66	
17		/					67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25		/					75	
26		/					76	
27		/					77	
28		/					78	
29		/					79	
30		/					80	
31	/						81	
32		/					82	
33		/					83	
34		/					84	
35		/					85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	40						TOTAL DEP.	
TOTAL CLAIMS	42						TOTAL CLAIMS	